

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>rm</i>	<i>62710</i>	<i>9/6/00</i>
O.I.P.E. CLASSIFIER		<i>65372</i>	<i>1-6-00</i>
FORMALITY REVIEW		<i>65372</i>	<i>1-25-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
1		1		101	
2		2		102	
3		3		103	
4		4		104	
5		5		105	
6		6		106	
7		7		107	
8		8		108	
9		9		109	
10		10		110	
11		11		111	
12		12		112	
13		13		113	
14		14		114	
15		15		115	
16		16		116	
17		17		117	
18		18		118	
19		19		119	
20		20		120	
21		21		121	
22		22		122	
23		23		123	
24		24		124	
25		25		125	
26		26		126	
27		27		127	
28		28		128	
29		29		129	
30		30		130	
31		31		131	
32		32		132	
33		33		133	
34		34		134	
35		35		135	
36		36		136	
37		37		137	
38		38		138	
39		39		139	
40		40		140	
41		41		141	
42		42		142	
43		43		143	
44		44		144	
45		45		145	
46		46		146	
47		47		147	
48		48		148	
49		49		149	
50		50		150	

If more than 150 claims or 10 actions  
staple additional sheet here

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